



Abstract 116: Literacy Analysis of Spanish Online Resources for Breast Reconstruction

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Test-26 (EAT-26). Subjects completed surveys at baseline and postoperatively at 6 months, 1 year, 3 years, and 5 years.

RESULTS: Three-hundred and thirty subjects were included in analyses. The mean age of subjects at time of surgery was 17.9 years. Less than 1% of subjects experienced a major complication and roughly 20% experienced at least one minor complication, commonly: hypertrophic scarring, minor infection or wound dehiscence, or persistent altered breast sensation. Complication rates did not vary by BMI category, age, or amount of tissue resected. Patients demonstrated significant postoperative improvements in all SF-36 domains (physical functioning, role-physical, general health, bodily pain, vitality, social functioning, role-emotional, mental health), and on the RSES, BRSQ, and EAT-26. HRQOL outcomes largely did not vary by complication status.

CONCLUSION: Although major complications following reduction mammoplasty are rare in adolescents, minor complications are common. Complication rates in this sample did not vary by age, BMI, or resection mass. When complications occurred, patients experienced significant and similar HRQOL gains postoperatively as those patients without complications. Providers should be aware of the benefits reduction mammoplasty can provide younger macromastia patients, regardless of complication status.

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Literacy Analysis of Spanish Online Resources for Breast Reconstruction

Andres Doval, MD, Luis Riba, MD, Bao Tran, MD, Rima Rudd, ScD, Bernard Lee, MD, MPH, MBA, FACS

**Harvard Medical School, Boston, MA;
Rutgers Medical School, Newark, NJ;
Beth Israel Deaconess Medical Center,
Boston, MA, USA**

PURPOSE: Health literacy studies indicate that low literacy can prevent patients from actively participating in health discussion and decision-making process. In the U.S., those who speak English as a second language may be particularly vulnerable. There is a paucity of research examining the match or mismatch between Spanish speaking patients'

literacy and the demand of existing health materials. The aim of this study is to evaluate breast reconstruction online resources available for the Spanish speaking population in the United States through metrics developed for readability, suitability and cultural sensitivity.

METHODS: A search for the term 'Reconstrucción de seno' (Translation: Breast Reconstruction) was conducted using Google. The 10 most easily accessible institutional/academic websites (e.g., government entities, academic centers, nonprofit organizations), and media/private websites (e.g., blogs, news sites, private organizations) were identified. Each website was assessed for readability (SOL Readability Formula and Fry Readability Formula), understandability/actionability (PEMAT: the Patients Education Materials Assessment Tool), suitability (SAM: the Suitability Assessment of Materials tool), cultural sensitivity (CSAT: the Cultural Sensitivity Assessment Tool), numeracy (Matrix of Numerical Complexity and Comprehension Hierarchy), and for website content organization and navigation (Health Literacy Online Guide by the U.S. Department of Health and Human Services). Understandability/actionability, suitability and cultural sensitivity were evaluated by two independent raters and Fleiss-Kappa score as obtained to ensure inter-rater reliability.

RESULTS: Readability analysis revealed higher than recommended scores and no significant reading grade level difference between institutional/academic and media/private websites (SOL: 10.4 and 10.8, respectively; $p=0.78$. Fry Readability Formula: 9.1 and 9.7, respectively; $p=0.21$). Understandability scores for institutional/academic and media/private websites were 50.6% and 47.1%, respectively ($p=0.53$); actionability scores were 18% and 14%, respectively ($p=0.67$). Suitability was assessed as adequate and, similarly, no difference was found in suitability analysis between institutional/academic and media/private websites (50.2% vs. 49.7%, respectively; $p=0.92$). Cultural sensitivity evaluation yielded adequate score for both types of websites, with no statistically significant difference observed ($p=0.31$). In terms of numeracy analysis, the majority of websites fell into the less complex area of the hierarchy matrix.

CONCLUSION: Available breast reconstruction online resources for the Spanish-speaking population are rated too high for the general public on readability. The adequate level in terms of suitability, understandability and cultural sensitivity, along with the low actionability scores, indicate a need for improvement. In addition, there is limited availability of institutional/academic online resources in

Spanish. These findings demonstrate a need for more comprehensible literature on breast reconstruction for the Spanish-speaking population of the United States.

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Opioid Prescribing Practices in Plastic Surgery: A Juxtaposition of Attendings and Trainees

Walter J. Joseph, MD¹, Ian Chow, MD¹, Nicholas Cuccolo, BS², Emily H. Beers, MD¹

¹University of Pittsburgh Medical Center, Pittsburgh, PA, USA, ²Rutgers University - Robert Wood Johnson Medical School, New Brunswick, NJ, USA

PURPOSE: The opioid epidemic is an undeniable public health crisis that has left physicians, researchers, and policy-makers pointing fingers and grasping for solutions. Prescribing practices among surgeons has recently been under heavy scrutiny and there is a dearth of data in this arena, specifically pertaining to Plastic Surgery. As such, we sought to examine prescribing practices among Plastic Surgery attendings and residents to determine the need for more thorough education and training in both opioid prescribing and in the management of the patients taking these potentially harmful medications post-operatively.

METHODS: A voluntary survey was distributed to all ACGME-accredited plastic surgery residency programs. Information elicited from the survey included demographic characteristics, opioid prescribing practices, and self-rated ability level pertaining to opioid management and patient interactions. Summary statistics were generated. Cumulative Odds Ordinal Logistic Regression with Proportional Odds was used to determine resident trainee comfort level with managing patients requesting additional opioids relative to attending prescribers. Trends in prescribing practices based off of prescriber position were also analyzed; cumulative Odds Ordinal Logistic Regression with Proportional

Odds and Chi-Squared tests were utilized for ordinal and nominal variables, respectively.

RESULTS: We received 78 responses with wide representation from Plastic Surgery residency programs across the country. Among responders, 59% were male and 39.7% female. 29.5% were attendings, while 26.9% were senior residents, 29.5% junior residents, and 14.1% interns. Interns reported prescribing oxycodone significantly more than any other group, while attendings seemed to utilize combination medications (i.e. hydrocodone/acetaminophen) more frequently ($p < 0.03$). Hydrocodone alone was rarely prescribed. Interns prescribe significantly fewer pills relative to attendings ($p < 0.05$). Junior residents were 4.49 times more likely and senior residents 3.65 times more likely than attendings to prescribe additional opioids to avoid phone calls and follow-up visits from patients ($p = 0.012$ and 0.029 , respectively). When surveyed on a patient's request for additional opioids, interns were 3.99 times more likely to refer the patients to their PCP ($p < 0.05$), while senior residents were more likely to refer to a pain specialist ($p < 0.04$). Rated ability (1–10) in managing patients requesting additional opioid medications showed that interns and senior residents were significantly less comfortable than attendings (median ratings 4 and 5, respectively; $p < 0.02$). Junior residents had a median rating of 5, which trended toward significance versus attending median rating of 7 ($p = 0.05$). No significant differences were noted in the use of drug screens or Prescription Monitoring Databases.

CONCLUSION: Surgeons are responsible for 9.8% of the total opioid prescriptions in the United States. It is undeniable that Plastic Surgeons play a role in the propagation of the opioid epidemic and it is our moral obligation to implement strategies to curb our contribution. By examining the prescribing practices of residents starting as early as intern year, we have shown that knowledge deficits do exist among trainees and that trainees are significantly less comfortable than their attending counterparts with opioid prescribing and patient management. Therefore, the implementation of more thorough post-operative pain management education in residency may be a cogent strategy in mitigating the opioid crisis.

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